

**CHILD'S ADOPTION
REFERRAL PACKET TRANSMITTAL**
Michigan Department of Human Services

Child's Name	
Child's Birthdate	Case No.

GENERAL INSTRUCTIONS:

- This transmittal is to be completed and sent by a private child placing agency or DHS local office with foster care responsibility for a child within 10 calendar days of receipt of information that an adoption agency or DHS local office has a family interested in adopting the child.

REFERRING AGENCY INSTRUCTIONS:

- Complete this form and insert a date in the shaded area below, 21 calendar days from the date this transmittal is sent.
- Attach required documents listed below and send to receiving agency.

RECEIVING AGENCY INSTRUCTIONS

- Respond to referring agency by date indicated below.

RECEIVING AGENCY:

Name of Agency Receiving Referral Packet	Attention:		
Street Address	City	MI	Zip Code

- Attached to this transmittal are copies of:
 - Order Terminating Parental Rights
 - Order Committing to Agency or Department
 - Releases, if appropriate
 - Birth certificate or birth verification
 - The child's adoption evaluation
 - Available medical information on the child and birth parents
 - The name and address of the child's current foster parents
 - Report on preparation of the child for adoption
 - Other documentation as requested by receiving agency
- As soon as possible, please notify me as to whether your interested family will be proceeding with an adoptive placement.
- If I do not hear from you by

Date

, this referral packet will be sent to another agency with a family interested in adopting this child.

REFERRING AGENCY:

Agency Name			Adoption Worker Signature	
Street Address			Telephone No.	
City	MI	Zip Code	Date	

AUTHORITY: P.A. 280 of 1939. RESPONSE: Is Voluntary. CONSEQUENCY FOR NON-COMPLETION: None.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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